PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC -9 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F- 33774

1. Corporation Name
Island Queen Sightseeing Tours, Inc

REINSTATEMENT 03

2. Principal Office Address	3. Mailing Office Address
401 Biscayne Blvd.	555 NE 15 Street
Suite, Apt. #, etc.: Dock Slip #2, Miamarina	Suite, Apt. #, etc.: 102
City & State: Miami, FL	City & State: Miami, FL
Zip: 33132 Country: USA	Zip: 33132 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 05/07/1981

5. FEI Number: 592093575 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Sofge, Charles

300025361723
12/09/03--01076--009 **79.00

Street Address (P.O. Box Number is Not Acceptable): 555 NE 15 Street

Suite, Apt. #, Etc.: 102

City: Miami | State: FL | Zip Code: 33132

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: _____ Date: 12-3-2003
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	Sofge, Charles	114 SW San Marino Drive	Miami, FL 33132
DV	Sofge, Flora	14708 Stirrup Lane	Wellington, FL 33414

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ Charles E Sofge Pres. 12-3-2003 786-402-0910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #